Company Tracking Number:

TOI: MS02I Individual Medicare Supplement - Pre- Sub-TOI: MS02I.000 Medicare Supplement - Pre-

Standardized Standardized Standardized

Product Name: Pre-Standardized Pool

Project Name/Number: /

Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: Pre-Standardized Pool SERFF Tr Num: BNLB-125703348 State: ArkansasLH TOI: MS02I Individual Medicare Supplement - SERFF Status: Closed State Tr Num: 39355

Pre-Standardized

Sub-TOI: MS02I.000 Medicare Supplement - Co Tr Num: State Status: Filed-Closed

Pre-Standardized

Filing Type: Rate Co Status: Submitted Reviewer(s): Stephanie Fowler

Author: Diana Willis Disposition Date: 06/25/2008

Date Submitted: 06/19/2008 Disposition Status: Filed

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 05/30/2008

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Filing Status Changed: 06/25/2008

State Status Changed: 06/25/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

2009 Premium Rates for Policy Form GR-73S, GR-75R, GR-A002, GR-A020, P1-56566-A, P1-67720-A

We are submitting 2009 rates for the captioned forms. For this filing, we have pooled together all of our Pre-Standardized Medicare Supplement Forms. These forms were previously approved in most states between mid-1979 and late-1990 but are no longer for sale. All are guaranteed renewable Parts A and B Medicare Supplement forms.

Company Tracking Number:

TOI: MS021 Individual Medicare Supplement - Pre- Sub-TOI: MS021.000 Medicare Supplement - Pre-

Standardized Standardized Standardized

Product Name: Pre-Standardized Pool

Project Name/Number:

There are no dollar limits to the total benefits paid.

Even though benefits payable increased January 1, 2009 and the inflation in medical care costs is expected to continue, we are not changing the rates. The same rates as currently approved will continue to be used in 2009.

The enclosed rates are intended to be effective through year-end 2009 and will apply to in-force business only. With these rates the required anticipated loss ratio standard of your state for this form will be met.

We'd sincerely appreciate your expedited review for approval of this filing. Please feel free to correspond with us via SERFF, fax to (312) 396-5906 or e-mail d.willis@banklife.com.

Company and Contact

Filing Contact Information

Diana Willis, Actuarial Analyst II d.willis@banklife.com
600 West Chicago Avenue (312) 396-7658 [Phone]
Chicago, IL 60610 (312) 396-5906[FAX]

Filing Company Information

Bankers Life and Casualty Company CoCode: 61263 State of Domicile: Illinois

600 West Chicago Avenue Group Code: 233 Company Type: Chicago, IL 60610 Group Name: State ID Number:

(312) 396-6000 ext. [Phone] FEIN Number: 36-0770740

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: \$50.00 per Pre-Standardized combined experience rate filing x 1 rate filing = \$50.00

Per Company: No

SERFF Tracking Number: BNLB-125703348 State: Arkansas

Filing Company: Bankers Life and Casualty Company State Tracking Number: 39355

Company Tracking Number:

TOI: MS02I Individual Medicare Supplement - Pre- Sub-TOI: MS02I.000 Medicare Supplement - Pre-

Standardized Standardized

Product Name: Pre-Standardized Pool

Project Name/Number:

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Bankers Life and Casualty Company \$50.00 06/19/2008 20997555

Company Tracking Number:

TOI: MS02I Individual Medicare Supplement - Pre- Sub-TOI: MS02I.000 Medicare Supplement - Pre-

Standardized Standardized

Product Name: Pre-Standardized Pool

Project Name/Number:

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	06/25/2008	06/25/2008

SERFF Tracking Number: BNLB-125703348 State: Arkansas

Filing Company: Bankers Life and Casualty Company State Tracking Number: 39355

Company Tracking Number:

TOI: MS021 Individual Medicare Supplement - Pre-Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized

Product Name: Pre-Standardized Pool

Project Name/Number: /

Disposition

Disposition Date: 06/25/2008

Implementation Date:

Status: Filed Comment:

Company Name:	Overall % Rate	Written Premium	# of Policy	Premium:	Maximum %	Minimum %	Overall %
	Impact:	Change for this	Holders		Change (where	Change (where	Indicated
		Program:	Affected for		required):	required):	Change:
			this				
			Program:				
Bankers Life and	0.000%	\$0	72	\$	0.000%	0.000%	0.000%
Casualty Company							

Company Tracking Number:

TOI: MS02I Individual Medicare Supplement - Pre- Sub-TOI: MS02I.000 Medicare Supplement - Pre-

Standardized Standardized

Product Name: Pre-Standardized Pool

Project Name/Number:

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Filed	No
Rate	Rate Sheet	Filed	Yes
Rate	Rate Sheet	Filed	Yes
Rate	Rate Sheet	Filed	Yes
Rate	Rate Sheet	Filed	Yes
Rate	Rate Sheet	Filed	Yes
Rate	Rate Sheet	Filed	Yes

SERFF Tracking Number: BNLB-125703348 State: Arkansas

Filing Company: Bankers Life and Casualty Company State Tracking Number: 39355

Company Tracking Number:

TOI: MS021 Individual Medicare Supplement - Pre-Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized

Product Name: Pre-Standardized Pool

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: 0.000%

Effective Date of Last Rate Revision: 01/01/2008

Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Overall %	Overall % Rate	Written	# of Policy	Premium:	Maximum %	Minimum %
	Indicated	Impact:	Premium	Holders		Change (where	Change (where
	Change:		Change for	Affected for this		required):	required):
			this	Program:			
			Program:				
Bankers Life and	0.000%	0.000%	\$0	72		0.000%	0.000%

Casualty Company

Company Tracking Number:

TOI: MS02I Individual Medicare Supplement - Pre- Sub-TOI: MS02I.000 Medicare Supplement - Pre-

Standardized Standardized

Product Name: Pre-Standardized Pool

Project Name/Number:

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate ActionInformation	:	Attachments
Filed	Rate Sheet	GR-73S	Revised	Previous State Filing Number:	36809	Rate Sheet - GR- 73S.pdf
Filed	Rate Sheet	GR-75R	Revised	Previous State Filing Number:	36809	Rate Sheet - GR- 75R.pdf
Filed	Rate Sheet	GR-A002	Revised	Previous State Filing Number:	36809	Rate Sheet - GR- A002.pdf
Filed	Rate Sheet	GR-A020	Revised	Previous State Filing Number:	36809	Rate Sheet - GR- A020.pdf
Filed	Rate Sheet	P1-56566-A	Revised	Previous State Filing Number:	36809	Rate Sheet - P1- 56566-A.pdf
Filed	Rate Sheet	P1-67720-A	Revised	Previous State Filing Number:	36809	Rate Sheet - P1- 67720-A.pdf

BANKERS LIFE AND CASUALTY COMPANY Chicago, Illinois

Annual Premium Rates*

Policy Form GR-73S

Male or Female

Age at Issue

All	Part A Deductible	\$489.27
	Part A Other	44.18
	Part B Deductible	98.51
	Nursing Home	276.54
	Other	826.25
	Full Coverage	1,734.75

These rates are for 2009.

Certain coverage components of the policy are optional. To delete coverage for these components, subtract the premium shown above from the premium for full coverage.

0.08583 for Monthly Bank Draft/Payroll Deduction
0.515 for Semi-Annual
0.2625 for Quarterly
0.09167 for Renewal Direct Bill

5794DG (2009) AR

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Annual Premium Rates*
Policy Form GR-75R

Male or Female

Age Last			Basic	Basic	Other
Birthday	Part A	Part B	Part B	Part A	Part B
At Issue	Deductible	Deductible	Coverage	Coverage	Coverage

These rates are intended for calendar year 2009.

Certain coverage components of the policy are optional. The Part A Deductible and Part B Deductible coverages are optional. The Other Part B Coverage is defined as expenses in excess of Medicare approved and are considered usual and customary (optional). Premiums for coverage of less than 100% of the excess usual and customary expenses are reduced proportionately.

0.08583 for Monthly Bank Draft/Payroll Deduction

0.515 for Semi-Annual

0.2625 for Ouarterly

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Annual Premium Rates*
Policy Form GR-75R

Male or Female

Age Last			Basic	Basic	Other
Birthday	Part A	Part B	Part B	Part A	Part B
At Issue	Deductible	Deductible	Corromaga	Corromogo	Corromage
	Deductible	Deductible	Coverage	Coverage	Coverage

These rates are intended for calendar year 2009.

Certain coverage components of the policy are optional. The Part A Deductible and Part B Deductible coverages are optional. The Other Part B Coverage is defined as expenses in excess of Medicare approved and are considered usual and customary (optional). Premiums for coverage of less than 100% of the excess usual and customary expenses are reduced proportionately.

0.08583 for Monthly Bank Draft/Payroll Deduction

0.515 for Semi-Annual

0.2625 for Ouarterly

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

BANKERS LIFE AND CASUALTY COMPANY Chicago, Illinois

Annual Premium Rates*
Policy Form GR-A002
Male or Female

Age At Issue	Part A Deductible Coverage	Basic Part B Coverage	Basic Part A Coverage	Part B Deductible Coverage	Other Part B Coverage	Per \$100 Part B Policy Deductible	Home Health Care	Private Room Package
All	629.56	1,344.43	58.14	181.31	830.83	171.93	699.81	418.80

These rates are intended for calendar year 2009.

The premium for a policy with a Policy Deductible on Usual and Customary excess charges is determined by adding the premium for Part A Deductible (if selected), Basic Part A Coverage, Basic Part B Coverage, Part B Deductible Coverage (if selected), Other Part B Coverage and subtracting the Per \$100 Part B Deductible times the Part B Deductible divided by 100.

0.08583 for Monthly Bank Draft/Payroll Deduction

0.515 for Semi-Annual

0.2625 for Quarterly

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

BANKERS LIFE AND CASUALTY COMPANY Chicago, Illinois

Policy Form GR-A020

Premium Rates

The enclosed rates are intended for calendar year 2009.

The total premium for a policy is obtained by:

- 1) Adding the premium for Basic Part A and Basic Part B Coverage;
- 2) Adding the premium for Part A Deductible Coverage (optional);
- 3) Adding the premium for Part B Deductible Coverage (optional);
- 4) Adding the premium for Other Part B Coverage (optional);
- 5) Subtracting the Per \$100 Part B Policy Deductible premium times the Part B Policy Deductible divided by 100 (optional);
- 6) Adding the premium for the Private Room Package (optional);

11000(09)

Chicago, Illinois

Policy Form GR-A020

Annual Premium Rates* Male or Female

Issue	Part A Co	verage		Part B ('Overage			Private Room
Age	Deductible	Basic	Basic	Deductible	Other	Deductible	Package
All	589.52	58.91	1,309.84	159.27	802.25	140.68	404.61

0.08583 for Monthly Bank Draft/Payroll Deduction

0.515 for Semi-Annual

0.2625 for Quarterly

0.09167 for Renewal Direct Bill

11000(09) AR

^{*}To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

BANKERS LIFE AND CASUALTY COMPANY Chicago, Illinois

Policy Form GR-A020

Premium Rates

The enclosed rates are intended for calendar year 2009.

The total premium for a policy is obtained by:

- 1) Adding the premium for Basic Part A and Basic Part B Coverage;
- 2) Adding the premium for Part A Deductible Coverage (optional);
- 3) Adding the premium for Part B Deductible Coverage (optional);
- 4) Adding the premium for Other Part B Coverage (optional);
- 5) Subtracting the Per \$100 Part B Policy Deductible premium times the Part B Policy Deductible divided by 100 (optional);
- 6) Adding the premium for the Private Room Package (optional);

For inforce business, it is our expectation that premiums will not change for the first three policy years. If experience develops more adversely than anticipated we may require rate changes before that time. If required, these changes will be filed for approval.

11000(09) AR M

Chicago, Illinois

Policy Form GR-A020

Annual Premium Rates*
1990 Issues
Male or Female

Issue	Part A Co	overage		Part B ('Overage		Private Room	
Age	Deductible	Basic	Basic	Deductible	Other	Deductible	Package
All	\$498.21	\$50.29	\$1,065.26	\$101.56	\$652.25	\$119.48	\$342.11

0.08583 for Monthly Bank Draft/Payroll Deduction

0.515 for Semi-Annual

0.2625 for Quarterly

0.09167 for Renewal Direct Bill

11000(09)M AR

^{*} To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Policy Form GR-A020

Annual Premium Rates*
1991 Issues
Male or Female

Issue	Part A Co	overage	I	Part B ('Overage '			Private Room
Age	Deductible	Basic	Basic	Deductible	Other	Deductible	Package
All	\$492.54	\$49.42	\$1,019.77	\$135.49	\$624.32	\$119.48	\$337.85

0.08583 for Monthly Bank Draft/Payroll Deduction

0.515 for Semi-Annual

0.2625 for Quarterly

0.09167 for Renewal Direct Bill

11000(09)M AR

^{*} To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

Chicago, Illinois

Policy Form GR-A020

Annual Premium Rates*
1992 Issues
Male or Female

Issue Age	Part A Coverage			Part B Coverage			Private Room
	Deductible	Basic	Basic	Deductible	Other	Part B Policy Deductible	Package
All	\$482.72	\$48.76	\$1,001.88	\$135.49	\$613.09	\$119.48	\$331.09

0.08583 for Monthly Bank Draft/Payroll Deduction

0.515 for Semi-Annual

0.2625 for Quarterly

0.09167 for Renewal Direct Bill

11000(09)M AR

^{*} To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

BANKERS LIFE AND CASUALTY COMPANY Rate Sheet for P1-56566-A Medicare Supplement Policy

*Annual Premium Rates
For 2009 Benefit Levels

MALE AND FEMALE

	BASIC	PART A	20%	SKILLED	MISC.
AGE	POLICY	DEDUCTIBLE	PART B	NURSING	CASH
AGE	(1)	(2)	(3)	(4)	(5)
All	\$1,518.97	\$363.16	\$374.40	\$268.91	\$305.45

- (1) Basic Policy Rates
- (2) Subtract this premium if Part A deductible is not to be included
- (3) With the base policy, pays 100% of billed charges up to a maximum of 120% of Medicare allowable charges
- (4) Pays Private Duty Nurse benefit and pays 12.5% of the Medicare Part A initial hospital deductible for 21st to 100th day of confinement in a non-Medicare approved skilled or intermediate nursing facility
- (5) Pays an additional \$30 for each day of hospital confinement
 - * To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

0.08583 for Monthly Bank Draft/Payroll Deduction

0.515 for Semi-Annual

0.2625 for Ouarterly

BANKERS LIFE AND CASUALTY COMPANY Rate Sheet for P1-67720-A Medicare Supplement Policy

*Annual Premium Rates
For 2009

AGE	PLAN 1
All	\$1,277.55

PLAN 3'S SKILLED NURSING FACILITY INDEMNITY BENEFIT

SELECTED INDEMNITY PER DAY									
(Amount to be added to Plan 2 premium)									
\$10									
\$3.70	5.55	7.40	9.25	11.10	12.95	14.80	16.65	18.50	20.35

BANKERS LIFE AND CASUALTY COMPANY Rate Sheet for P1-67720-A Medicare Supplement Policy

*Annual Premium Rates
PLAN DESCRIPTIONS

Plan 1 Benefits: Plan 2 benefits except no skilled nursing facility or

private duty nursing benefits and a \$200 deductible for

Medicare Part B

Plan 2 Benefits: Medicare Part B coinsurance with a \$0 deductible. For SNF

benefits - Pays Medicare skilled nursing deductible for a Medicare approved skilled nursing facility, $21 \mathrm{st}$ to $100 \mathrm{th}$

days. Includes a private duty nurse benefit.

SNF Rider: Pays Medicare skilled nursing deductible for a non-Medicare

approved skilled and intermediate nursing facility, 1st to

100th days. Rider rate sheet is attached.

Plan 3 Benefits: Pays amount selected for each day after 100th day of

confinement in a medicare approved nursing home facility,

for up to 730 days.

0.08583 for Monthly Bank Draft/Payroll Deduction

0.515 for Semi-Annual 0.2625 for Quarterly

0.09167 for Renewal Direct Bill

S1-67720 (09) PAGE-2

^{*} To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor shown below and add \$1.00:

BANKERS LIFE AND CASUALTY COMPANY Rate Sheet for Rider R1-54506-A To Be Used With Policy Form P1-67720-A Medicare Supplement - Excess Part B Benefit

Annual Premium Rates*
For 2009

DESCRIPTION

This optional benefit pays 100% of excess charges up to a maximum of 20% of Medicare allowable charges.

ISSUE	BOTH MALE
AGE	& FEMALE
ALL	\$633.05

 ${\tt 0.08583} \quad {\tt for Monthly Bank Draft/Payroll Deduction}$

0.515 for Semi-Annual

0.2625 for Quarterly

0.09167 for Renewal Direct Bill

S1-54506 (09)

^{*} To Determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor show below:

BANKERS LIFE AND CASUALTY COMPANY Rate Sheet for Rider R1-68993-A To Be Used With Policy Form P1-67720-A Supplemental Nursing Facility Benefit Rider

Annual Premium Rates*
For 2009

DESCRIPTION

Pays Medicare skilled nursing deductible for a non-Medicare approved skilled and intermediate nursing facility, 1st-100th days.

Premium amount to be added to Plan 2 premiums.

ISSUE	BOTH MALE
AGE	& FEMALE
ALL	\$766.14

* To Determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly or Renewal Direct Bill rates multiply the Annual Rates, as given above, by the appropriate factor show below:

0.08583 for Monthly Bank Draft/Payroll Deduction

0.515 for Semi-Annual

0.2625 for Quarterly